MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937202

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓							51						
2		✓						52						
3		✓						53						
4		✓						54						
5		✓						55						
6		✓						56						
7		✓						57						
8		✓						58						
9		✓						59						
10		✓						60						
11		✓						61						
12		✓						62						
13		✓						63						
14		✓						64						
15			✓					65						
16				✓				66						
17				✓				67						
18				✓				68						
19				✓				69						
20				✓				70						
21				✓				71						
22				✓				72						
23				✓				73						
24				✓				74						
25				✓				75						
26				✓				76						
27				✓				77						
28				✓				78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	X	↓	1	↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	14		13					TOTAL DEP.						
TOTAL CLAIMS	12		14					TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS